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PTO/SB/05 (03-01)

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10/02/03

12/19/01

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<p style="text-align: center;">UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i></p>		Attorney Docket No.	1143.41013X00																																	
		First Inventor		CHOI, JIN-MYUNG																																
		Title	POLYAMIDE RESIN COMPOSITION AND SYNTHETIC RESIN PRODUCT PREPARED THEREFROM																																	
		Express Mail Label No.																																		
APPLICATION ELEMENTS <i>SEE MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231																																		
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages: 21] <i>(preferred arrangement set forth below)</i> -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R & D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (<i>if filed</i>) -Detailed Description -Claim(s) -Abstract of the Disclosure</p> <p>4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Pages: _____]</p> <p>5. Oath or Declaration [Total Pages: 6] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for continuation/divisional with Box 18 completed)</i></p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) Named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>																																				
<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i></p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>																																				
<p>ACCOMPANYING APPLICATION PARTS</p> <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & documents(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></p> <p>11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input checked="" type="checkbox"/> Other: CREDIT CARD PAYMENT FORM</p>																																				
<p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____</p>																																				
<p>Prior application information: Examiner: _____ Group Art Unit: _____</p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>																																				
<p>19. CORRESPONDENCE ADDRESS</p> <table border="1"><tr><td><input checked="" type="checkbox"/> Customer Number or Bar Code Label</td><td>020457</td><td>or <input type="checkbox"/> Correspondence address below <i>(Insert Customer No. or Attach bar code label here)</i></td></tr><tr><td>Name</td><td colspan="3">ANTONELLI, TERRY, STOUT & KRAUS, LLP</td></tr><tr><td>Address</td><td colspan="3"></td></tr><tr><td>City</td><td>State</td><td>Zip Code</td><td></td></tr><tr><td>Country</td><td>Telephone</td><td>(703) 312-6600</td><td>Fax</td><td>(703) 312-6666</td></tr><tr><td>Name</td><td colspan="3">William J. Solomon</td><td>Registration No. (Attorney/Agent)</td><td>28,565</td></tr><tr><td>Signature</td><td colspan="3"><i>William J. Solomon</i></td><td>Date</td><td>December 19, 2001</td></tr></table>					<input checked="" type="checkbox"/> Customer Number or Bar Code Label	020457	or <input type="checkbox"/> Correspondence address below <i>(Insert Customer No. or Attach bar code label here)</i>	Name	ANTONELLI, TERRY, STOUT & KRAUS, LLP			Address				City	State	Zip Code		Country	Telephone	(703) 312-6600	Fax	(703) 312-6666	Name	William J. Solomon			Registration No. (Attorney/Agent)	28,565	Signature	<i>William J. Solomon</i>			Date	December 19, 2001
<input checked="" type="checkbox"/> Customer Number or Bar Code Label	020457	or <input type="checkbox"/> Correspondence address below <i>(Insert Customer No. or Attach bar code label here)</i>																																		
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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 780.00)

Complete if Known	
Application Number	
Filing Date	December 19, 2001
First Named Inventor	CHOI, JIN-MYUNG
Examiner Name	
Group Art Unit	
Attorney Docket No.	1143.41013X00

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit overpayments to:
 Deposit Account Number 01-2135
 Deposit Account Name Antonelli, Terry, Stout & Kraus, LLP
 Charge Any Additional Fee Required
 Under 37 CFR 1.16 and 1.17
 Applicant Claims small entity status.
 See 37 CFR 1.27

2. Payment Enclosed:
 Check Credit Card Money Order Other

FEE CALCULATION

2. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	740.00
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	
SUBTOTAL (1)			740.00

1. EXTRA CLAIM FEES

Total Claims	12-20** = 0	Extra Claims	Fee from below	Fee Paid
			x 0.00	= 0.00
Indep. Claims	1-3** = 0		x 0.00	= 0.00

Multiple Dependent 0.00 = 0.00

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) \$ 0.00		

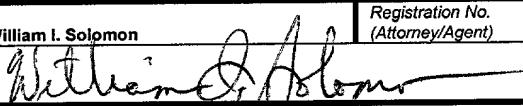
**or number previously paid, if greater; For Reissues, see above.

3. ADDITIONAL FEES

Fee Code (\$)	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205	65	Surcharge – late filing fee or oath	
127 50	227	25	Surcharge – late provisional filing fee or cover sheet	
139 130	139	130	Non-English specification	
147 2,520	147	2,520	For filing a request for ex parte reexamination	
112 920*	112	920*	Requesting publication of SIR prior to Examination action	
113 1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115 110	215	55	Extension for reply within first month	
116 400	216	200	Extension for reply within second month	
117 920	217	460	Extension for reply within third month	
118 1,440	218	720	Extension for reply within fourth month	
128 1,960	228	980	Extension for reply within fifth month	
119 320	219	160	Notice of Appeal	
120 320	220	160	Filing a brief in support of an appeal	
121 280	221	140	Request for oral hearing	
138 1,510	138	1,510	Petition to institute a public use proceeding	
140 110	240	55	Petition to revive – unavoidable	
141 1,280	241	640	Petition to revive – unintentional	
142 1,280	242	640	Utility issue fee (or reissue)	
143 460	243	230	Design issue fee	
144 620	244	310	Plant issue fee	
122 130	122	130	Petitions to the Commissioner	
123 50	123	50	Processing fee under 37 CFR 1.17(q)	
126 180	126	180	Submission of Information Disclosure Stmt	
581 40	581	40	Recording each patent assignment per property (times number of properties)	40.00
146 740	246	370	For each additional invention to be examined (37 CFR § 1.129(a))	
149 740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179 740	279	370	Request for Continued Examination (RCE)	
169 900	169	900	Request for expedited examination of a design application	
Other fee (specify) _____				

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 40.00)

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	William I. Solomon	Registration No. (Attorney/Agent)	28,565	Telephone	703-312-6600
Signature				Date	12/19/2001

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